

FY 2020

Kentucky Emergency
Management

Grants Management
Section



FY 2020 SEARCH AND RESCUE AID PROGRAM GUIDANCE

This document shall serve as the official guidance for the state fiscal year 2020 Search and Rescue Aid Program. Contents include: general grant guidance, grant management, and detailed application instructions. This guidance will be updated on an annual basis and should only be used for FY 2020.

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FY 2020 Grant Guidance

This document is issued by the Division of Emergency Management. It is intended to serve as the guiding tool for search and rescue squads who intend to apply for state fiscal year 2020 Search and Rescue Aid Program funds. When completing the application, applicants should ensure they are using this grant guidance along with the FY20 Search and Rescue Aid Program application. Applications that are returned on previous fiscal year applications will not be accepted.

Mission of the Rescue Aid Program

The mission for the Rescue Aid Program is to work collaboratively with SAR chiefs, local emergency managers, the SAR grant advisory committee, and KYEM staff, to ensure squads that are eligible receive equal consideration for future funding.

Statute Establishing the Rescue Aid Program

KRS 39F.100 establishes the Rescue Aid Program. The program is intended to:

- (1) Reduce and prevent the loss of life by creating a better equipped, trained, and coordinated rescue force throughout the Commonwealth.
- (2) Upgrade the capabilities of local rescue squads by providing financial assistance to be used to purchase equipment and obtain training.
- (3) Encourage the development of rescue squads where none exist.

Dates for the FY20 Cycle

PHASE 1 - August 7, 2019

OPENING OF THE FY20 GRANT CYCLE

PHASE 2- August 7 -September 6, 2019

COMPLETE ONLINE APPLICATION (Applications must be submitted **no later than** September 5, 2019)

PHASE 3 - September 7-September 30, 2019

KYEM AREA MANAGER REVIEWS CONDUCTED

PHASE 4 - October 1- 15, 2019

ADMINISTRATIVE & COMMITTEE REVIEW (Rescue Aid Committee Meeting, October 1 – 11, 2019)

PHASE 5 – November 1-15, 2019

AWARD NOTIFICATION AND BRIEFINGS

PHASE 6 - December 1, 2019

CONTRACT, ELCTRONIC FUND TRANSFER (EFT), PURCHASE ORDER PO, AND QUOTES TO AREA OFFICES AND GRANT MANAGER

Funds Advanced to Counties NO LATER THAN (NLT) December 2019 - January, 2020

Purchases Made NLT December 2019 - January, 2020

Proofs of Payment NLT April 1, 2020

PHASE 7 - April 30, 2020

COMPLETION OF THE SCOPE OF WORK, TAG EQUIPMENT AND AUDIT

*Dates subject to change.

Eligible Applicants

Qualifying Rescue Squads must meet the criteria in KRS 39F.120 (1) – (13). The requirements are specified in the links below.

Kentucky Revised Statute: Chapter 39F Search and Rescue

<http://www.lrc.ky.gov/KRS/039F00/CHAPTER.HTM>

Kentucky Administrative Regulations: Title 106

<http://www.lrc.ky.gov/kar/TITLE106.HTM>

Application Process

- Applications, instructions and all forms will be available at www.kyem.ky.gov before the cycle opens.
- If possible, applicants should type the application forms that need to be uploaded. If you choose to handwrite please print.
- Due to limited grant funds, and in an effort to provide funding to as many teams as possible, requests to fund ATVs, UTVs, and drones will not be considered.
- Applications are due by COB on September 6, 2019. Late applications will not be accepted.

Review Process

- KRS 39F.130 (4) (a) through (h) sets the evaluation criteria (outlined in the application).
- The application shall be initiated by the SAR Team Leader. The squad shall make the affiliated county aware of the intent to apply since the county will ultimately serve as the grantee.
- After submission, all applications will be forwarded to the applicable local emergency manager. The local emergency management director shall review all applications for completeness and accuracy, prioritize and consolidate the applications, and make recommendations thereon. In the absence of the local director the County Judge Executive may fill this role.

- Local EM forwards all recommendations to the Area Manager who shall review them, make their own recommendations, and forward documentation to the KYEM Director.
- The Area Manager will forward all applications to Frankfort regardless of the eligibility. Applications that are deemed ineligible should be annotated as ineligible.
- The KYEM Director or designee shall forward the applications and justifications to the advisory committee. The advisory committee shall meet to assess applications and compliance and to make recommendations to the Director with regard to allocations of funds, assessment of compliance, reallocations of funds, release of equipment, reallocation of equipment and any other matters assigned by the Director.
- The local EM director shall maintain file copies of all applications and decisions for at least five (5) years.

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Award Process

- The Rescue Aid Fund Committee will hold a funding recommendation meeting in October.
- Squads and / or local EM's shall have an opportunity to speak on behalf of their application.
- A funding recommendation and level of funding will be provided to the Director by the committee.
- The Director will make the final decision considering the recommendation of the committee.
- Squads will receive notification of their grant award or ineligibility from the Office of the Director.
- Work cannot begin until the grantee signs the agreement provided by KYEM.
- Award briefings will be will be mandatory for those who receive Rescue Aid funds.

Contracting

- It is Important to note that the county in which the search and rescue squad has an affiliation agreement with will serve as the grantee. The contract and advancement of funds will be managed by the county. The county may choose a designated representative to manage the grant; however management costs are not eligible under this grant.
- The award process will not begin until the KYEM Administrative Branch receives a duly executed ***Acceptance of Terms and Conditions*** due with the application.
- Within (30) thirty calendar days of award notification the county must submit a duly executed **Master Agreement (PON2)** and the duly executed acceptance of Terms and Conditions, to KYEM.

- The contract must be signed by a representative who has county signature authority and returned to the grantee's Area office within 30 days from the date of the award letter.
- The total award amount will be listed on the contract. The squad's approved amount and specific equipment will be listed on the award letter.

Procurement

- Funds awarded in the FY20 KYEM Rescue Aid Program will be advanced by KYEM to the county.
- Purchases will be made according to the funding amount, item description, and quantity listed on the Rescue Aid Program award letter. Any purchases made outside of the scope are subject to repayment by the grantee.
- Any cost overrun must be approved by the KYEM Director prior to the purchase of equipment. Squads must submit a letter detailing the reason(s) for the overrun request and supporting bid documentation.
- The Area Manager will retain a copy of the documents for use during the site visit and shall submit the original documents to the KYEM SAR Grant Manager.

County Treasurer Responsibilities

- Treasurer shall assure purchases are made in accordance with County purchasing policies and or county code.
- Treasurer shall assure appropriate purchases are made and documentation (Purchase Orders, Invoices, and/or Cancelled Checks) is maintained for all purchases.
- Treasurer shall assure timely payment for purchases are made and provide documentation of the payment to the Rescue Squad for submission to the Area Manager or facilitate the transfer of the grant funds awarded to the Rescue Squad so that payment may be made by the rescue squad.
- Treasurer shall assure no personal checks or personal credit card purchases are made.

Advancement Process

- KYEM will advance award funds to the grantee.
- The grantee shall order or purchase only the approved equipment, services, or training, and no other within fifteen days of the receipt of the advanced payment.
- A written request to KYEM in order to advance the funds signed by the County Judge Executive or the County Treasurer accompanied by copy of an approved purchase order.
- The squad shall provide a copy of all paid invoices as well as proof of payment, (cancelled check, cash paid receipt, or similar document), within ninety (90) days of the receipt of the grant funds.
- Purchases must be made with an account owned by the squad or county.
- Any funds not encumbered or expended during the grant period shall be returned to the Division with the expenditure documentation.

No later than April 1, 2020 the senior officer of the rescue squad shall submit to their Area Manager:

- A completed KYEM 160 form (Revised for Search and Rescue Grant)
- A copy of the invoice(s) for the approved items for purchase under the grant award
- A copy of the cancelled check, cashier's check or other proof of payment of the submitted invoices. A cancelled check is said to be canceled once it has been processed by a financial institution and all accounts have been credited. Once a check has been cancelled, it is stamped, marking the check as being cleared. If cancelled checks are not available a printed bank statement or bank ledger demonstrating the funds as "cleared" is acceptable.
- KYEM reserves the right to request additional information to ensure state allowable cost and auditing compliance.
- Any grantee who fails to meet this requirement will be considered out of compliance.

Property Accountability

- Property Accountability is mandated by the Kentucky Finance Cabinet and grant regulations. The inability to adhere to these regulations can result in revocation of grant funds and equipment.
- The Senior Rescue Squad Officer and KYEM Area Manager will physically tag all equipment with a purchase price of \$300.00 or more.
- A photo must be taken of all purchased equipment that exceeds a purchase price of \$300.00. The asset tag must be visible in the photograph.
- The equipment tracking sheet shall be properly filled out with the following information: equipment name, tag number, and serial number if applicable.
- Within thirty (30) days of the site visit, the KYEM Area Manager shall provide the KYEM Property Manager with copies of the photos that were taken, and a completed equipment tracking sheet with the appropriate information.

FY 2020 Grant Application Instructions

How to use this Supplement

This supplement is intended to assist the applicant complete the FY20 application. It is highly suggested the applicant use this supplement line by line when completing the application. This specific set of instructions walk the applicant through each step of application process and eligibility determination.

Application Assistance

Applicants who need assistance or have questions pertaining to eligibility should contact their KYEM Area Office.

Request for Applications

- **Request for Applications** – Applicants should be aware of the key application dates and the criteria for applying for the grant. If you have questions about eligibility you should contact your Area Manager.

Step 1. Applicant Information

- **Name of Rescue Squad** – Please insert the duly authorized, recognized or incorporated name of the rescue squad for which this application is being submitted.
- **Address of the Primary Physical Location** – Please provide the physical address of your headquarters station. Post Office Box addresses are not an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip where the rescue squad is located.
- **Mailing Address** – Please insert the address where your rescue squad receives their mail. Post Office Box addresses are an acceptable response for this question.
- **City/County/State/Zip** – Please insert the name of the city, county, state and zip for the rescue squad mailing address.
- **Name of Chief Rescue Officer** – Please insert the name of your Chief, Captain or other lead official. This is the individual that has the authority to act and answer on behalf of the rescue squad.
- **Administrative Phone** - Please provide the telephone number for the telephone that is located at the headquarters station of the rescue squad. If there is no telephone at that location, please provide a telephone number and indicate where the telephone is located for the number that you provide.
- **Email Address** – Please provide an email address for the rescue squad. If the rescue squad does not currently have an email address, we encourage you to go to Gmail and establish an email address for the rescue squad. We communicate with our rescue squads primarily via email.
- **24 Hour Contact** – please provide us with a telephone number where the Chief Rescue Officer can be contacted 24 hours a day, 7 days a week. Please provide multiple numbers if necessary.
- **Please indicate whether your rescue squad is operated by:**
 - City and/or County Government – This selection should be marked if your rescue squad is funded by the fiscal court or city council and if the equipment is titled to the local governmental entity.
 - Fire Department – This selection should be marked if the rescue squad is a unit of a local fire department.
 - Taxing District – This selection should be marked if the rescue squad is funded by a rescue squad taxing district created under KRS 39F.160 and overseen by a taxing district Board of Directors.
 - State Government - This selection should be marked if your rescue squad is funded by an entity of state government if the equipment owned and operated by the rescue squad is titled to a state governmental entity.
 - For-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a for-profit corporation or LLC and on file with the Kentucky Secretary of State as such.

- Not for-profit corporation or LLC – This selection should be marked if the rescue squad is organized as a non-profit corporation or LLC and on file with the Kentucky Secretary of State as such.
- Individually owned – This selection should be marked if the rescue squad is owned by a single individual or a group of partners.
- Other – This selection should be marked if none of the other selections apply. If this selection is chosen, please document fully the type of organization that owns and controls the rescue squad.
- **Area Served** – In the blank space provided, please describe your response area. For example, “Our response area is limited to the boundaries of XYZ County”. Remember - If your response area covers multiple counties, you must have an affiliation agreement in place with the county in which your team operates.

Step 2. Contact Information

- **Rescue Squad Contact Information** – Provide the information for the two senior officers or staff members in your rescue squad. Two (2) selections must be provided.

Step 3. Vehicle Information Form

- **For each vehicle owned or operated by the rescue squad, please provide the following information.**
 - “Vehicle ID” - Please indicate what you call the vehicle. For example, “Rescue 4” or “Chief 1”.
 - “Model Year of Vehicle” – Please indicate the model year of the vehicle.
 - “Make of Vehicle” – Please indicate the manufacturer of the vehicle.
 - “Vehicle Identification Number” – Please list the VIN number for this vehicle.
 - “License Number” – Please list the license tag number for this vehicle.
 - “General Purpose of the Vehicle” – Please indicate what the general purpose is for this vehicle. For example, “Cave Rescue” or “General Rescue” or “Command Vehicle”.
 - If your rescue squad has more than 6 vehicles, please print the form from the website as needed so as to list all of the vehicles owned or operated by the rescue squad.

Step 4. Watercraft Information Form

- **For each watercraft owned or operated by the rescue squad, please provide the following information.**
 - “Watercraft ID” – Please indicate what you call the watercraft. For example, “Rescue 1” or “Jet Ski 4”.
 - “Model Year of Watercraft” – Please indicate the model year of the watercraft.
 - “Manufacturer of Watercraft” – Please indicate the manufacturer of the watercraft.
 - “Watercraft Serial Number” – Please list the serial number for the watercraft.
 - “Watercraft Registration or License Number” – Please list the license number for the watercraft.
 - “Length of the Watercraft” – Please indicate the length of the watercraft.
 - “Type of Watercraft” – Please list the type of watercraft. For example, “jet ski” or “pontoon boat”.

- “General Purpose of the Watercraft” – Please indicate what the general purpose is for the watercraft. For example, “Dive Operations” or “General Purpose” or “Dragging and Recovery Operations”.
- If your rescue squad has more than 4 watercraft, please the form from the website as needed so as to list all of the watercraft owned or operated by the rescue squad.

Step 5. Eligibility Questions

1. Please indicate as to whether the rescue squad holds a current “Affiliation Agreement” with the local government(s) and emergency management agency (or agencies) in the areas which they operate. PLEASE NOTE – You must include a copy of your current “Affiliation Agreement” with this application. The expiration date on the agreement must exceed the date on which this application is signed but may not exceed one year from the date it was originally signed. If your rescue squad is given a rescue squad aid grant and your “Affiliation Agreement” expires prior to the award of funds, you will be asked to provide an updated document prior to funds being disbursed. Please make certain that your “Affiliation Agreement” addresses all of the areas outlined in KRS 39F.120 (9). “Affiliation Agreements” that do not address the areas outlined in KRS 39F.120 (9) will be considered deficient and will render the application ineligible for funding consideration.
2. Please indicate whether the rescue squad has written bylaws and standard operating procedures. PLEASE NOTE – A copy of your current “Bylaws and Standard Operating Procedures” must be included with this application. Please make certain that your “Bylaws and Standard Operating Procedure” addresses all of the areas outlined in KRS 39F.120 (1) (2) and (3). “Bylaws and Standard Operating Procedures” that do not address the areas outlined in KRS 39F.120 (1) (2) and (3) will be considered deficient and will render the application ineligible for funding consideration.
3. Please indicate whether your rescue squad is a part of another agency such as a fire department or emergency medical services agency.
4. If your rescue squad is a part of another agency, please indicate whether you have 12 individuals that are dedicated to the rescue mission within the organization. In other words, do you have 12 people whose primary function is the provision of rescue squad services? PLEASE NOTE – This does not preclude their use for mutual aid requests with other emergency service agencies within your political jurisdiction. If your rescue squad personnel are subject to use for mutual aid, the rescue squad should have Mutual Aid Agreements in place with rescue squads in contiguous political jurisdictions that can provide rescue squad services in the event your rescue squad personnel are not available for response or should you have multiple rescue squad calls at the same time.
5. Please indicate whether your rescue squad charges for service. In other words, when you respond to a call, do you send the individual requesting assistance, including their insurance agency, a bill for any of the services rendered by your rescue squad, including vehicle extrication. “Charges for service” does NOT include funds derived from membership drives, bucket brigades or other fund raising efforts such as raffle ticket sales or chili suppers.
6. Please provide us with the population for the area served by your rescue squad based on the map and service area description as requested on page 1 of this application.

7. Please indicate how many rescue missions the rescue squad responded to between July 1, 2018 and June 30, 2019. If your standard operating procedure defines it as a rescue mission, it should be included in this number.
8. Please indicate the longest response time for the rescue squad for the service area description requested on page 1 of this application. A response time is considered to be the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call.
9. Please indicate the average response time for the rescue missions listed in item number 7 on this page. A response time is considered to be the total time from the time notified or paged until the time the first rescue squad vehicle arrives on the scene of the call. You can obtain your average response time by adding the response times for each run and then dividing that number by the total number of responses.
10. Please indicate the total hours of training that were completed by rescue squad members from July 1, 2018 until June 30, 2019. – You must provide the KYEM Search and Rescue Squad Quarterly Training report for all (4) four quarters of FY 19.
11. Please indicate the rescue squad's average annual operating budget for the past four years. This may be obtained by adding the total operating budgets for the last four years together and then dividing the sum by four.
12. Please indicate whether the rescue squad is willing to accept partial funding for their request if Kentucky Emergency Management is unable to fund 100% of their request. Please list a percentage you are willing to accept i.e. 80% of application amount.

Please Check the Type of Rescue Services Provided (Check all that apply)

PLEASE NOTE – You are required to possess the minimum equipment (Replacement only equipment) for each of the boxes you check. In addition, the mission statement for the rescue squad must reflect the type of rescue in the boxes checked. Failure to possess the minimum equipment for the type of rescue services checked or failure to have the types of rescue checked in the mission statement of the rescue squad will render the application ineligible for funding consideration. “Replacement Only Equipment” means equipment that a rescue squad shall have in its possession before becoming eligible to participate in the fund. This equipment is listed in bold type on the KYEM Form 465 Cumulative Equipment Inventory form.

General Rescue Squad – This rescue squad responds to general rescue calls. It may include, but not necessarily be limited to, extrication, low angle rescue, EMS support services (lift assist or patient extrication from multistory buildings), and traffic control. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 2.

Water Rescue or Recovery Not Utilizing Divers and Not Classified as Swift Water– This rescue squad performs water rescue or victim recovery from bodies of water without utilizing scuba divers as a part of that process. This may include, but not necessarily be limited to, victim rescue from automobiles stranded in deep water, dragging operations, or surface searches for bodies or victims in bodies of water. This rescue squad must possess the equipment outlined in 106 KAR 1:350, Section 3.

Water Rescue and Recovery Using Divers – This rescue squad may perform any of the missions listed in “Water Rescue or Recovery Not Utilizing Divers” but may also utilize divers as a part of the process. Divers must be certified by one of the agencies outlined in 106 KAR 1:390, Section 5 and the minimum equipment outlined in 106 KAR 1:350, Section 4.

Cave Rescue – This rescue squad performs rescue of individuals trapped or lost in caves. Individuals must have the equipment outlined in 106 KAR 1:350, Section 5.

High Angle Rescue – This rescue squad may perform retrieval of victims or deceased persons from elevated or recessed areas using ropes and other high rescue equipment. Individuals must meet the training requirements outlined in 106 KAR 1:390, Section 8 and possess the minimum equipment outlined in 106 KAR 1:350, Section 6.

Swift Water Rescue - This squad performs swift water rescue to include victim rescue from moving water, dragging operations, or surface searches for victims in bodies of moving water. The minimum equipment for a rescue squad specializing in swift water shall be: (1) all equipment listed in 106 KAR 1:350 Section 3(4) through (23) and the equipment listed in 106 KAR 1:350 section 7.

Search Dog Rescue Squad which Searches for Lost, Trapped, or Missing Persons – This is an individual or group of individuals that have formed a rescue squad, which is affiliated with the County Government and local Emergency Management Agency, that uses a dog or dogs to search for lost, missing, or trapped persons. This rescue squad must meet the training requirements outlined in 106 KAR 1:390, Section 2, 3 and the minimum equipment outlined in 106 KAR 1:350, Section 8.

Search and Rescue Squad which Searches for Lost, Trapped, or Missing Persons – This rescue squad uses members to perform searches for lost, trapped, or missing persons. Individuals that are members of this rescue squad must meet the training requirements of 106 KAR 1:350 Section 2 and the equipment outlined in 106 KAR 1:390, Section 9.

Equine Search and Rescue Squad - Searches for Lost, Trapped, or Missing Persons. This is a rescue squad that utilizes horses (equines) to search for lost, missing, or trapped persons. The minimum equipment for search teams utilizing horses (equines) is listed in 106 KAR 1:350, Section 10.

Step 6. Equipment Funding Request

This part of the application shall be used to distinguish this application between the “**Minimum Equipment**” type and the “**Optional Equipment**” type of application. Please select Minimum Equipment or Optional Equipment to distinguish the type of grant you are applying for. If you selected Minimum Equipment please move on to the next section, 6a, and skip section 6b. If you selected Optional Equipment please skip the next section, 6a, and move on to section 6b. Note: You may only select one type of grant; you cannot apply for both optional and minimum equipment.

Step 6a. Minimum Equipment Funding Request

This page of the application shall be used to request the “**Minimum Equipment**” of items listed on the applicable equipment list(s) contained in 106 KAR 1:350. Again – You are required to possess the equipment listed in 106 KAR 1:350 for each of the boxes you checked on Page 9 of the application.

To complete this application:

1. Determine the list of equipment you wish to purchase. Make certain the item is on the equipment list(s) shown in 106 KAR 1:350 under the type of rescue you are indicating you are providing.

2. Prioritize the listed equipment beginning with priority 1 and continuing sequentially for all of the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
 - a. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
 - b. In the “Item Description” column, please provide a description of the item you wish to purchase.
 - c. In the “Unit Price” column, please provide the cost for a single item.
 - d. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.
6. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the “Kentucky Wireless Interoperability Executive Committee”. This will only be necessary for those projects that are approved for funding.

Step 6b. Optional Equipment Funding Request

This page of the application shall be used to request above and beyond the minimum quantity of equipment listed in the minimum equipment list or additional purchase of any item that is NOT listed on the applicable equipment list(s) contained in 106 KAR 1:350. This equipment is considered to be “Optional” equipment.

To complete this application:

1. Determine the list of equipment you wish to purchase. Optional equipment is equipment not listed on the minimum equipment list or if you are applying for pieces of equipment which will exceed the quantity listed on the minimum equipment list.
2. Prioritize the listed equipment beginning with priority 1 and continuing sequentially for all of the items you plan to request.
3. List the item of equipment that is “Priority 1” in the area adjacent to “1”.
 - a. In the “Quantity” column, list the quantity of items you are requesting to purchase. This should be a specific number – 1, 2, 3, etc.
 - b. In the “Item Description” column, please provide a description of the item you wish to purchase.
 - c. In the “Unit Price” column, please provide the cost for a single item.
 - d. In the “Total Cost” column, please indicate the total cost for the item(s) listed. (“Quantity” column multiplied by the “Unit Price” column)
4. Repeat the process shown in number 3 above for each of the items of equipment that you plan to request.
5. When you are finished listing the equipment for which you plan to request funding, total the cost at the bottom of the page.
6. Please note if you are applying for radio equipment KRS 42.738 requires local government entities to present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the “Kentucky

Wireless Interoperability Executive Committee.” This will only be necessary for those projects that are approved for funding.

Step 7. Supporting Documentation

Step 7a. Waiver of Equipment Requirements

- **Request for Waiver of Equipment Requirements** –Squads may consider appealing to the Director of KYEM for a waiver of equipment requirements. Squads should carefully read through the requirements in the waiver form to determine if they meet the criteria to apply for a request to waiver equipment requirements.

Step 7b. Waiver of Equipment Form

- The waiver form can be found on the kyem.ky.gov/sargrant site.
 - Fully complete the information box at the top of the page.
1. List the piece(s) of equipment that you are requesting a waiver for. If applicable, indicate the quantity you are requesting a waiver for. The description should exactly match the piece of equipment listed on the minimum equipment list.
 2. Provide a justification statement which should demonstrate the need for special action.

Step 7c. Waiver of Equipment Endorsements

- The document should be endorsed by the Chief Rescue Officer
- The document should be endorsed by the County Emergency Manager

Step 7d. Certification and Compliance Agreement

1. This document contains very important information. At the top of the document, there is a list of the documents that must accompany the application. Each of the documents must accompany the grant application. Missing or incomplete documents will render the application ineligible for consideration for funding.
2. Also, please read the certification and compliance agreement carefully. When you sign this document, you are certifying that your information is correct and that you will comply with the statutes and regulations stipulating the expenditure of the funds, as well as maintenance and accountability of the equipment purchased.
3. Be certain that the chief rescue officer, County Emergency Manager sign and date the bottom of the form.

Step 7e. Upload Documents

This application requires documents to be uploaded to the KYEM Rescue Aid site kyem.ky.gov/sargrant site. Each squad will be required to upload a minimum of seven (7) different documents (more may be required depending on your application). It is recommended that you scan all of the documents into one file and upload as one file.

1. To upload the file please click the “Choose File” button.
2. Navigate to find the file you wish to upload from your desktop.
3. Select the file you wish to upload and click open.

4. The file will be submitted along with the rest of your application when you click “Submit” at the bottom of the page.

Step 8. Justification Statement

1. This page of the application is your opportunity to convince the committee of why you need the equipment previously listed in this application. Be sure to provide documentation to support the need for the equipment you are requesting.
2. Also, please remember the following requirements for items being requested for purchase through the grant:
 - A. Any single item that has a cost in excess of \$100 but not more than \$5,000 requires a written vendor estimate or quote that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
 - B. Any single item that has a single item cost of \$5,000 or more requires written vendor estimate or quotes from at least three (3) different vendors that outlines the price of the item(s), the delivery schedule for the item(s), and maintenance provisions for the item(s).
 - C. Printed internet pricing will not be considered estimates or quotes.
 - D. If possible, to ensure accuracy of the final purchase price, every effort should be made to obtain cost projections from potential vendors.**
3. Be certain that the chief rescue officer, be it the president, the chief, squad captain, signs and dates the bottom of the form in the designated areas.

Step 9. Local EM: Review, Comments, Recommendations

An additional form will be sent to the local Emergency Management office via the KYEM Area Office for that particular city/county. The form can also be found on the kyem.ky.gov/sargrant site. This document is earmarked for completion by the local Emergency Management Director.

1. Under “Please answer the following questions;” section
 - A. Answer the first question as “Yes” or “No”. Please note that these records should be available for review at the local emergency management office upon request.
 - B. The second question should be answered as numeric – 1, 2, 3, etc.

(1) This question requires you to prioritize the applications being submitted from your county. If you have only one application, obviously your priority would be one (1). If you have multiple applications, then you must rank them in the order of importance. There can only be a single 1, 2, etc. You cannot rank every application as the number one (1) priority.
2. In the space provided, please offer your recommendation in support of or against this application. Please include facts, examples, instances, etc.
3. The local EM Director must sign and date Part II of the application.
4. The local EM Director should then forward the application to their Area Manager for completion of Part III of the application and for forwarding to the State KYEM Office.

Step 10. Area Manager: Review / Comments

An additional form will be sent to the KYEM Area Office for that particular city/county. The form can also be found on the <http://www.kyem.ky.gov/sargrant> site. This document is earmarked for completion by the KYEM Area Manager.

1. Under “Please answer the following questions;” section
 - a. Answer the first question as “Yes” or “No”. Please note that these records should be available for review at the regional office upon request.
2. The SAR Rescue Aid electronic checklist is required with the application. Ensure a completed printed copy is attached with this application.
3. In the space provided, please offer your recommendation in support of or against this application, you wish to make. Please include facts, examples, instances, etc.
4. The Area Manager must sign and date Part II of the application.
5. The Area Office must retain a copy for their records.
6. The Area Manager should then forward the application to arrive by the posted deadline to:

Wayne Burd, State SAR Coordinator
Kentucky Emergency Management
100 Minuteman Parkway, Suite 113
Frankfort, Kentucky 40601

7. The Area Manager may wish to email justification letters to expedite the process. This is acceptable, however; the wet- ink, signed copies of these forms must still be mailed to the above address to be kept in Frankfort along with the other official records associated with the FY20 Rescue Aid Program.

-END OF GUIDANCE-